July 2, 2010

Date

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
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Under the Pa	red to res	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004.				Complete if Known Application Number 10/565,210-Conf. #9182				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).								
FEE TRANSMITTAL				iling Date		January 20, 2006		
For FY 2009				irst Named Inv	_	ELIAS, Benjamin N.		
			▔╠	Examiner Name PHAM, Emily P.				
Applicant claims small entity stat		T		Art Unit		2838		
TOTAL AMOUNT OF PAYMENT (\$) 130.00			F	Attorney Docket No. 22409-00312-US				
METHOD OF	PAYMENT (check	all that apply)						
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP								
For the	above-identified depo	osit account, the Direc	tor is h	ereby authorize	ed to: (che	ck all that apply	/)	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
The charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments								
FEE CALCU		10 and 1.17						
1. BASIC FILIN	IG, SEARCH, AND EX	XAMINATION FEES						
		LING FEES	SEAF	RCH FEES	EXAMI	NATION FEE	S	
Application T	ype Fee (\$	Small Entity) Fee (\$) Fe	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Paid (\$)
Utility	330	_	540	270	220	110	10031	<u>αια (ψ)</u>
Design	220		100	50	140	70	-	
Plant	220		330	165	170	85		
Reissue	330		540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES							-	Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
<u>Total Claims</u>			Fee	ee Paid (\$) Multiple De			oendent Claims	
34 -38 = x =					<u> </u>	<u>ee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.								_
			Fee	Paid (\$)				
I —	- 7 =nber of independent claims							
3. APPLICATIO		pane 101, 11 greater train of						
		xceed 100 sheets of pa	aper (e	xcluding electro	onically f	iled sequence o	r computer	
		the application size fe			or small	entity) for each	additional 50)
sheets or fr	action thereof. See 3	35 U.S.C. 41(a)(1)(G)	and 37	7 CFR 1.16(s).				
Total Shee	_			itional 50 or frac				<u>Paid (\$)</u>
1		/50 =	(r	ound up to a who	ole number)	х		D=:4 (¢)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month								0.00
SUBMITTED BY								
Signature /Michael G. Verga/			R	egistration No.	39,410	Telephone	(202) 33	 1_7111
- gridians	ttorney/Agent)	55,710	Totophone	(202) 00				

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